

# **Fact Sheet for Health Care Providers: Interpreting Viracor-IBT Laboratories, Inc.'s Zika Virus Real-time RT-PCR Test Results**

July 19, 2016

## **Dear Health Care Provider:**

The U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) to authorize the use of the Viracor-IBT Laboratories, Inc.'s Zika Virus Real-time RT-PCR test for the *in vitro* qualitative detection of Zika virus RNA in human serum, plasma, and urine (collected alongside a patient matched serum or plasma specimen) with specified instruments. Testing should be conducted only on specimens from individuals meeting Centers for Disease Control and Prevention (CDC) Zika clinical and/or epidemiological criteria for testing (<http://www.cdc.gov/zika/hc-providers/index.html>). Testing is limited to Viracor-IBT Laboratories, Inc.'s laboratory in Lee's Summit, MO, or other laboratories designated by Viracor-IBT that are also certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. §263a, to perform high complexity tests.

FDA issued this EUA based on data submitted by Viracor-IBT Laboratories, Inc. to FDA, and on the U.S. Secretary of Health and Human Services' (HHS) declaration that circumstances exist to justify the emergency use of *in vitro* diagnostic tests for the detection of Zika virus and/or diagnosis of Zika virus infection. This EUA will terminate when the HHS Secretary's declaration terminates, unless FDA revokes it sooner.

The information in this Fact Sheet is to inform you of the significant known and potential risks and benefits of the emergency use of the Zika Virus Real-time RT-PCR test. For more information on this EUA, please see FDA's website at <http://www.fda.gov/MedicalDevices/Safety/EmergencySituations/ucm161496.htm>.

## **Why is this test needed at this time?**

As of July 19, 2016, active Zika virus transmission is occurring in 41 countries and territories in the Americas, 8 countries and territories in Oceania/Pacific Islands and 1 country in Africa (<http://www.cdc.gov/zika/geo/active-countries.html>). Among cases identified in 2015-16, Zika virus transmission has occurred primarily through the bite of infected *Aedes* species mosquitoes. Zika virus can also be transmitted from mother to fetus during pregnancy and through sexual transmission from infected individuals to their sexual partners.

As of July 19, 2016, over 1300 confirmed cases of Zika virus infection have been identified in the continental United States. All cases were in persons with either a recent travel history to areas with ongoing transmission or an epidemiologic link with an individual with such a travel history. Public health officials have determined that Zika virus poses a potential public health emergency.

At this time, there are no FDA approved/cleared tests available that can detect Zika virus in clinical specimens in the U.S. Viracor-IBT Laboratories, Inc. has developed the Zika Virus Real-time RT-PCR test to detect evidence of Zika virus infection. Current information on Zika virus infection for health care providers, including case definitions, is available at (<http://www.cdc.gov/zika/hc-providers/index.html>). All information and guidelines, including those on Zika virus laboratory testing, may change as more data are gathered on this virus. Please check CDC's Zika virus website regularly for the most current information (<http://www.cdc.gov/zika/index.html>).

If Zika virus infection is suspected based on current clinical and/or epidemiological criteria recommended by public health authorities, the Zika Virus Real-time RT-PCR test may be ordered. As chikungunya virus infection and dengue virus infection can have early symptoms resembling those of Zika virus infection, and co-infection with these viruses is possible, in addition to testing for Zika virus, testing should be considered for chikungunya and dengue. Please contact your state or local health department to facilitate testing.

The results should be used in conjunction with clinical signs and symptoms, epidemiological information and travel history to diagnose Zika virus infection. This test is authorized for use with serum, plasma, or urine (collected alongside a patient matched serum or plasma specimen). Health care providers are strongly encouraged to collect and submit serum specimens alongside other specimen types to provide additional opportunities for diagnosing Zika virus infection.

As of July 19, 2016, serum is the primary diagnostic specimen and should be the priority specimen for collection and testing. Specimens should be collected with appropriate infection control precautions and according to the manufacturer's instructions for the specimen collection device. Additional guidance for collection of body fluid specimens for Zika diagnostic testing may be found at: <http://www.cdc.gov/zika/hc-providers/body-fluids-collection-submission.html>.

### **What are symptoms of Zika virus infection?**

Many people with Zika virus infection are asymptomatic. Symptomatic individuals typically experience a mild illness characterized by fever, joint pain, rash, or conjunctivitis. Clinical illness is usually self-limited and lasts a week or less. Clinical illness recognition can be complicated in that not all symptomatic patients report all of these symptoms, and Zika manifestations overlap significantly with those seen in other viral infections. Although the exact incubation period is yet to be determined, it is considered to be about 3 days to 2 weeks.

Based on a review of available evidence, CDC has concluded that Zika virus infection in pregnancy is a cause of microcephaly (a birth defect characterized by small head size and impaired cranial and neural development in fetuses and infants) and other serious abnormalities of the brain in fetuses and infants. In addition, it has been linked to central nervous system injury, placental insufficiency, fetal growth restriction, and fetal loss, eye abnormalities, and hearing impairment.<sup>1,2</sup>

Limited information is available currently about the spectrum of defects caused by prenatal Zika virus infection, the relative and absolute risks of adverse outcomes among fetuses whose mothers were infected at different times during pregnancy, and factors that might affect a woman's risk of adverse pregnancy or birth outcomes.

It is also important to note that Zika virus infection is not the sole suspected cause of microcephaly in fetuses and infants.

There are also reports of Guillain-Barré syndrome associated with Zika virus infection.

### **When should the Zika Virus Real-time RT-PCR test be performed?**

Zika virus RNA may be detected in serum for approximately 4-7 days following onset of symptoms; thus the optimum time to perform serum or plasma RNA testing is during the first week after the onset of clinical illness. Persistence of Zika virus RNA detectable in urine is not well characterized but may be longer than in serum. For patients who are 2-12 weeks post-symptom onset, serologic testing should be considered. Test results should be used in conjunction with clinical signs and symptoms, epidemiological information and relevant travel history to diagnose Zika virus infection.

Specimens should be collected with appropriate infection control precautions and according to the manufacturer's instructions for the specimen collection device. Sera, collected in serum separator tubes or conventional serum collection tubes, should be centrifuged after collection to reduce the likelihood of hemolysis.

Please refer to [www.viracoribt.com/zika](http://www.viracoribt.com/zika) for additional specimen collection and handling requirements.

### **What does it mean if the specimen tests positive for Zika virus RNA?**

A positive test for Zika virus RNA indicates that RNA from Zika virus was detected in the patient's sample and is indicative of Zika virus infection. Laboratory test results should always be considered in the context of clinical observations and epidemiologic data in making a final diagnosis and patient management decisions. For guidelines on Zika virus, please refer to <http://www.cdc.gov/zika/hc-providers/index.html>.

The Zika Virus Real-time RT-PCR test has been designed to minimize the likelihood of false positive results. Cross-reactivity with other viruses, including chikungunya and other flaviviruses such as dengue and West Nile, is not expected. However, in the event of a false positive result, risks to patients could include any or all of the following: the impaired ability to detect and receive appropriate medical care for the true infection causing the symptoms; and, in the case of pregnant women, an unnecessary increase in the monitoring of a woman's pregnancy, or other unintended adverse effects.

All positive Zika virus test results should be reported to your local and state public health authorities. In the United States and its territories Zika virus disease and congenital Zika virus infection are nationally notifiable diseases. For guidelines on Zika virus, please refer to <http://www.cdc.gov/zika/hc-providers/index.html>.

It should be emphasized that the identification of Zika virus infection in a pregnant woman does not provide any definitive information about the state of health of the fetus. Many questions remain about the association between Zika virus infection in a mother and the impact to the fetus, the impact of factors such as timing, and the relevance of symptomatic versus asymptomatic infection. Detection of Zika virus RNA in specimens collected from the mother does not mean there is definite harm to the fetus.

### **What does it mean if the specimen tests negative for Zika virus RNA?**

A negative test for Zika virus RNA in the specimen means that RNA from Zika virus is not present in the specimen above the test's limit of detection.

Given the reported transient, low-level viremia in many patients diagnosed with Zika infection, a negative result, especially if testing is performed after 7 days of symptom onset, does not

exclude the possibility of Zika infection. Zika virus RNA negative results should not be used as the sole basis for treatment or other patient management decisions. The possibility of a false negative result should be considered if a patient's travel history and/or clinical illness raise suspicion of Zika infection. Such patients should be considered for serologic testing which is best performed 2-12 weeks after symptoms onset.

For urine, it is especially important to note that this is not the primary diagnostic specimen type. Negative results in urine do not necessarily mean that an individual is not infected. When negative results are obtained for this specimen type, attention should be directed to the Zika virus Real-time RT-PCR test result for the patient-matched serum or plasma specimen. Currently, negative RT-PCR results require follow-up serological testing, as per the CDC testing algorithm (found at <http://www.cdc.gov/zika/index.html>), using a matched serum specimen.

Further information on Zika virus infection for health care providers is available at <http://www.cdc.gov/zika/hc-providers/index.html>. Guidance for health care providers, including Health Care Providers Caring for Pregnant Women and Women of Reproductive Age with Possible Zika Virus Exposure, is available on the CDC website: <http://www.cdc.gov/zika/hc-providers/clinical-guidance.html>.

### **Reporting Adverse Events**

You should report adverse events, including problems with test performance or results, to MedWatch at [www.fda.gov/medwatch](http://www.fda.gov/medwatch), by submitting a MedWatch Form 3500 (available at <https://www.accessdata.fda.gov/scripts/medwatch/index.cfm?action=professional.reporting> 1) or by calling 1-800-FDA-1088.

**Pregnant patients should receive the Fact Sheet for Pregnant Women: Understanding Results from the Viracor-IBT Laboratories, Inc.'s Zika Virus Real-time RT-PCR test.**

**Give all other patients the Fact Sheet for Patients: Understanding Results from the Viracor-IBT Laboratories, Inc.'s Zika Virus Real-time RT-PCR test.**

### **Contact Information for the Laboratory:**

Viracor-IBT Laboratories, Inc.  
1001 NW Technology Drive  
Lee's Summit, MO 64086  
USA  
Phone: (800) 305-5198

Any significant new findings that negatively impact the performance of the test and that are observed during the course of the emergency use of the Zika Virus Real-time RT-PCR test will be made available at: [www.viracoribt.com/zika](http://www.viracoribt.com/zika).

### **References**

- 1) Rasmussen, S.A., Jamieson, D.J., Honein, M.A., Petersen, L.R. Zika Virus and Birth Defects - Reviewing the Evidence for Causality. New England Journal of Medicine, April 12, 2016. DOI: 10.1056/NEJMSr1604338.
- 2) CDC Website - <http://www.cdc.gov/zika/>.